

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155506		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2011	
NAME OF PROVIDER OR SUPPLIER  SANCTUARY AT HOLY CROSS--INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN46635			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint # IN00092143.</p> <p>Complaint # IN00092143-Substantiated, Federal/State deficiencies related to the allegations are cited at F-253.</p> <p>Survey Dates: July 8, 2011</p> <p>Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860</p> <p>Survey Team: Toni Krakowski, RN</p> <p>Census Bed Type: SNF/NF: 99 Total: 99</p> <p>Census Payor Type: Medicare: 27 Medicaid: 58 Other: 14 Total: 99</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 7/13/11 by Suzanne Williams, RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0253 SS=B	<p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on interviews, record review and observations, the facility failed to provide clean and sanitary resident rooms as evidenced by floors laden with wax build-up, loose dirt, cob webs and air conditioner vents with a build-up of dust in occupied resident rooms. This deficient practice had the potential to affect 21 residents, residing in 11 rooms, on 2 of 2 units (East/West) of the facility.</p> <p>Findings include:</p> <p>During tour of the facility while accompanied by the Housekeeping and Maintenance Supervisors on 7/8/11 at 12:45 P.M., the following was observed: Room E-2A had dirt build-up in the corners along the cove molding;; Room E-3A was observed with loose dirt build-up in the corners under the resident's handwashing sinks; Room E-11A was observed with a build up of dust on the air-conditioner vents; Room E-14A was observed with a wax and dirt build-up on the floor around the inner side of the entry door; Room E-15A was observed with a build-up of loose dirt under the resident's handwashing sink and the air-conditioner vents were laden with dust; Room W-4 was observed with a</p>			F0253	<p>F253 It is the intent of this facility to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. What corrective action will be accomplished for those residents found to have been affected by the deficient practice; Room E-3A, E-14A, E-2a, E-15A, W-4, W-9A, W-18AW-22A, W-23A and W-30A corners were cleaned and build up of wax removed. E-11A Air Conditioner vents cleaned. How other residents having the potential to be affected by the same practice identified; All resident rooms were inspected and any deficiencies corrected on the spot. No other resident identified at risk. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Re-education of cleaning resident rooms for general cleaning, corners, and air conditioner vents provided to all housekeeping staff by Housekeeping Supervisor completed 7-11-11 Housekeeping supervisor to conduct daily room inspections for cleanliness. How the corrective action will be monitored to ensure the deficient practice will not occur, what quality assurance program will be put in place. Housekeeping</p>		07/27/2011

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	<p>build-up of loose dirt and a spider web in the corner along the cove molding; Room W-9A was observed with a build-up of loose dirt along the cove molding; Room W-18A was observed with a build-up of loose dirt and cob webs in a corner along the cove molding; Room W-22A was observed with a dark grey line of wax build-up and loose dirt along the cove molding underneath the resident's closet; Room W-23A was observed with loose dirt under the resident's handwashing sink along the cove molding; Room W-30A was observed with loose dirt and a cob web along the cove molding under the closet.</p> <p>The Housekeeping Supervisor indicated in an interview on 7/8/11 during the time of the facility tour, she was developing a new cleaning schedule which would soon be implemented. She indicated all the resident rooms needed deep cleaning.</p> <p>During interview with the Maintenance Supervisor at the time of the facility tour, he indicated the floors in many of the rooms with concerns were scheduled to be stripped and refinished.</p> <p>Review of the facility's "Weekly Assigned Cleaning Project," undated, indicated "...Mondays-Cobweb removal...wall corners, under sinks...under closet</p>				<p>supervisor will report to Mission Driven Quality Improvement Committee monthly the finding of the room inspections until at least 3 consecutive months of no deficiencies then the committee will review for continuation or frequency of inspections. Date of alleged compliance 7-27-11</p>		

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	base... Wednesdays-Sweep and mop under all floor fall mats...." The facility's "Resident Rooms Total Cleaned 1 Time Per Month," undated, indicated, "...8. Floor/Fall Mat-Pick up fall mat and dry mop, wet mop...."  This Federal tag relates to complaint IN00092143.  3.1-19(f)						